

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name.

I believe that I am the original and first sole inventor or an original and first joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONTROL OF AN IMAGE INTENSIFIER

the Specification of which

- ☐ is attached hereto
☒ was filed on **December 16, 2003**
as United States Application Number or PCT International
Application No. **PCT/IL03/01079**
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any provisional application filed in the United States in accordance with 35 U.S.C. §1.119(e), or any application for patent that has been converted to a Provisional Application within one (1) year of its filing date, or any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FILED APPLICATION(S)

<u>APPLICATION NUMBER</u>	<u>COUNTRY</u>	<u>(DAY/MONTH/YEAR FILED)</u>	<u>PRIORITY CLAIMED</u>
153482	Israel	16 December 2002	YES

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in any prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a), which

occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NO.	FILING DATE (DAY/MONTH/YEAR)	STATUS - PATENTED, PENDING, ABANDONED
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I hereby appoint Vladimir Sherman, Registration No. 43,116 and Andrew L. Tiajolloff, Esq., Registration No. 31,575, or their duly appointed associate or agent, my attorneys, with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to file continuation and divisional applications thereof, to receive the Patent, to file any international applications based thereon, and to transact all business in the Patent and Trademark Office and in the courts in connection therewith, and specify that all communications about the application are to be directed to the following correspondence address:

Tiajolloff & Kelly
Chrysler Building, 37th floor
405 Lexington Avenue
New York, NY 10174

Direct all telephone calls to Andrew L. Tiajolloff at (212) 490 3285 and all facsimiles at (212) 490 3295

Please associate this application with customer number **28481**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR: **DAVID, Ofer**

FULL RESIDENCE ADDRESS: 4 Vitkin Street, Haifa 34756, Israel

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)

FULL NAME OF INVENTOR: **BORENSTEIN, Yehuda**

FULL RESIDENCE ADDRESS: 36/1 Henrieta Szold Street, Haifa 34722, Israel

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)